

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		7-5-00
O.I.P.E. CLASSIFIER	✓		7-8-00
FORMALITY REVIEW	#5	545	8-15-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	11/2/00	
2	✓	11/2/00	
3	✓	11/2/00	
4	✓	11/2/00	
5	✓	11/2/00	
6	✓	11/2/00	
7	✓	11/2/00	
8	✓	11/2/00	
9	✓	11/2/00	
10	✓	11/2/00	
11	✓	11/2/00	
12	✓	11/2/00	
13	✓	11/2/00	
14	✓	11/2/00	
15	✓	11/2/00	
16	✓	11/2/00	
17	✓	11/2/00	
18	✓	11/2/00	
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21	✓	11/2/00	
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25	✓	11/2/00	
26	✓	11/2/00	
27	✓	11/2/00	
28	✓	11/2/00	
29	✓	11/2/00	
30	✓	11/2/00	
31	✓	11/2/00	
32	✓	11/2/00	
33	✓	11/2/00	
34	✓	11/2/00	
35	✓	11/2/00	
36	✓	11/2/00	
37	✓	11/2/00	
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40	✓	11/2/00	
41	✓	11/2/00	
42	✓	11/2/00	
43	✓	11/2/00	
44	✓	11/2/00	
45	✓	11/2/00	
46	✓	11/2/00	
47	✓	11/2/00	
48	✓	11/2/00	
49	✓	11/2/00	
50	✓	11/2/00	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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